



# Para-Professional Extra Duty Time Sheet

Employee Name: \_\_\_\_\_ I.D. #: \_\_\_\_\_ Campus: \_\_\_\_\_

Activity/Position: \_\_\_\_\_ Budget Account#: \_\_\_\_\_

Week of: \_\_\_\_\_

Date	In	Out	Total

**TOTAL HOURS**  
 Reg: \_\_\_\_\_  
 OT: \_\_\_\_\_

Week of: \_\_\_\_\_

Date	In	Out	Total

**TOTAL HOURS**  
 Reg: \_\_\_\_\_  
 OT: \_\_\_\_\_

Week of: \_\_\_\_\_

Date	In	Out	Total

**TOTAL HOURS**  
 Reg: \_\_\_\_\_  
 OT: \_\_\_\_\_

Week of: \_\_\_\_\_

Date	In	Out	Total

**TOTAL HOURS**  
 Reg: \_\_\_\_\_  
 OT: \_\_\_\_\_

Total Reg Hours: \_\_\_\_\_ Hourly rate: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

Total OT Hours: \_\_\_\_\_ OT Rate: \$ \_\_\_\_\_ Total: \$ \_\_\_\_\_

**Grand Total: \$ \_\_\_\_\_**

Employee Signature: \_\_\_\_\_ Supervisor Signature: \_\_\_\_\_